

Department of Workforce Services  
**EMPLOYMENT INFORMATION**

Team \_\_\_\_\_

Case Name \_\_\_\_\_ PACMIS No. \_\_\_\_\_  
Employed Person \_\_\_\_\_ Social Security No. \_\_\_\_\_

Please answer the following questions about your work and return this immediately to your local DWS office.

1. What date did your present employment begin? \_\_\_\_\_  
Month Day Year
2. What type of job/work will you be doing (Clerical, Manual Labor, Technical, etc.)?
3. According to the employer, what is the status of your employment (circle one)?  
Full Time Part Time Temporary Applied Previous Employer Terminated Other \_\_\_\_\_
4. If this is a temporary job, how long will it last?
5. List your wage or salary: Wage \$ \_\_\_\_\_/hr or Salary \$ \_\_\_\_\_/mo.; year
6. How many hours do you normally work each week? \_\_\_\_\_  
Circle the days of the week: Mon Tue Wed Thu Fri Sat Sun  
Time of day: From \_\_\_\_\_ To \_\_\_\_\_ Does your schedule vary? ☐ Yes ☐ No  
If yes, please list. Minimum hours \_\_\_\_\_ Maximum hours \_\_\_\_\_
7. Circle how often you are paid: Weekly Every two weeks Monthly Twice a Month Other
8. Write the day(s) of the week or month your paycheck is available:
9. What date will you (or did you) receive your first check? \_\_\_\_\_  
Month Day Year  
If you have not received your first check, please estimate gross amount or number of hours to be paid on this check. \_\_\_\_\_
10. When does your pay period end? \_\_\_\_\_
11. Do you receive tips or commission? ☐ Yes ☐ No Amount \$ \_\_\_\_\_  
Do you or will you receive bonuses (Christmas, merit, etc.)? ☐ Yes ☐ No  
If yes, when: \_\_\_\_\_
12. A. Does your employer offer Medical, Health, Accident, or Comprehensive Insurance? ☐ Yes ☐ No  
If yes, please indicate benefit type:  
Full name of the insurance company:  
B. Does your employer offer employment benefits, such as Child Care, Retirement, etc.?  
If yes, please explain: \_\_\_\_\_
13. Information about your employer: \* Name of company \_\_\_\_\_  
\* Company address \_\_\_\_\_  
\* Name of supervisor \_\_\_\_\_  
\* Phone number \_\_\_\_\_
14. Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**BEST ESTIMATE - (WORKER USE ONLY, AS NEEDED)**

<b>WORKER</b> _____	<b>/ CLIENT'S SIGNATURE</b> _____

15.

**CUSTOMER SIGNATURE** \_\_\_\_\_ **DATE**